V. S. No. 1

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	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	1	
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No.	B.—	-			
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		_		To the	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10402
1. PLACE OF DEATH County Owersel Village or City Deal Sound	Registration Dist. No. 268
Length of residence in vity or town where death occurred ws. mos. 2. FULL NAME Naucy abbatt	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1934, to 0/0 1934
6. DATE OF BIRTH (month, day, and year) Moh 24-1934 7. AGE Yeers Months Oays If LESS than 1 day. hrs. or pin.	I last saw here alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Euler Colilis 7 days
12. BIRTHPLACE (city or town) Deals Island, MV (State or country) 13. NAME Johnie abfact	Other Coatributory Causes of importance:
14. BIRTHPLACE (city or town) Neals Island (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Maggie abbatt 16. BIRTHPLACE (city or town) De als bolony me	23. If death was due to external causes (VIOLENGE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT AFRICO Cobract (Address) Deale Doland md 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER Frech & Stebster (Address) De als Island md	Nature of injury 24. Was disease or injury in any way releted to occupation of deceased? If so, specify (Signed) M. D.
20. FILED W. 1934 J. O. O. O. S. Registrar.	(Address) Review and M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10433
County James at	Registration Dist. No. 212
Village or City new Castan Station	No. St., Ward
11/.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long to U.S. If of foreign birth?
y a a	as. now long to 0.5. If of foreign birtis?yrsmos
2. FULL NAME Mary Jane Baile	7-2-1
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thurse	21. DATE OF DEATH Out (Month) (Oay) (Year)
50. If married widowed, or divorced HASSAND OF (or) WIFE of Wathew E. Bailey	22. I HEREBY CERTIFY. That I attended deceased from 1933, to Oe 721 1934
6. DATE OF BIRTH (month, day, and yoar) May 30, 1857	Hast saw he alive on Oct 20 1934; doath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated obove, et. 3. alou-
77 4 2 / t dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance were as follows:
8. Trode, profession, or particular kind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Interstitual neplant
9. Industry or businoss in which work was done, as SILK MILL.	Juna earditio
kind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businoss in which work wos done, os SILK MILL, SAW MILL, BANK, etc. 10. Doto decoased lost worked ot this occupation (month and spent in this	
this occupation (month and spent In this occupation occupation	
12. BERTHPLACE (city or town) HEST Unguna (State or country)	Other Contributory Causes of importance:
13. NAME Lewis Hutchersun	
13. NAME Lewis Statehuser 14. BIRTHPLACE (city or town) W. 1. W. a.	Name of operation
(State of Country)	What test confirmed diognosis? Was there on autopsy?
15. MAIOEN NAME Mary days	23. If dooth was due to extornal causes (VIOLENCE) fill in olso the following:
15. MAIOEN NAME Mary days	Accident, suicide, or homicide? Dote of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mallace E. Bailey (Addross) 119 Slover Jand, 18.79	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Mannor of injury
Per Blace How level on Date Ct 7 1- 1934	Nature of Injury
19. UNDERTAKER Bruont Steverson	24. Was disease or Injury in eny woy reloted to occupation of deceased?
20. FILED OLCT 22, 1934 Samuel Scott. Registrar.	(Signed) Advantar (M. D. (Addross) Loromones Cil Und
If were black and all all a Coat D.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	seer & ADM	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	03A130314	3 days ago
Other contributory causes of importance:		Other contributory co	auses of importance:	
stones	May 1,1923	Gastroenteritis		1 year

MARGIN RESERVED FOR BIND	PERMA	I EXA	rly class	
FOR	S IS A	stated	prope	annti6.
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SERV	NK-T	plnods	it may	And Land
N RE	DING I	AGE	so that	
IARGI	UNFA	upplied	terms,	San San American
	WITH	efully s	in plain	Co + man
1	PLAINLY,	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly class	NOTE:
V. W. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA	mation s	CAUSE	S. NOIT
>	z		1	-

V. S. No. 1

1. PLACE OF	Somerset		Registration Dist. No. 270
Village or Ci	crisi		No. St Wa
2. FULL NAM	ME William	ath occurred 61 yrs. 10 mo n H Bedsworth ariners Road	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
(a) Residence	e: No.	(Usual place of abode)	St., Ward. If nonresident give eily or town and State
PERSON	AL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX M	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH tobes 5 , 193 4 (Year)
5a. If married, widowe HUSBAND of (or) WIFE of		ine Powell	22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (r	conth day and year) De	oc 1 1871	Mast saw h A Marsh alive on Oct 10 2 Vestasth is as
7. AGE Year		Days If LESS than	to have occurred on the date stated above, and 1300 PMM
61	10	4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or b work was SAW MILL 10. Date decease this occup- year)	done, as SILK MILL, , BANK, etc	occupation	Colleged Westate Gland Vetertion write Off Copyribatory Chang at Importance:
		n F Bedsworth	(Paralysia)
	(city or town)	Crisfield Md	Name of operation Date of Date of
15. MAIDEN NAM	E Oliv	ia Riggin	What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (State or	city or town)	Crisfield Md	Accident, suicide, or homicide? Date of injury
17. INFORMANT		an B Nelson risfield Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATI Place	lariners Cem	Date Oct 7 1934	Manner of injury
19. UNDERTAKER (Address)		adshaw field Md	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED De	6 1934	Eleveling	(Signed) Tight Q out out M. S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINDAMA B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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4 2 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta JP/	1. PLACE OF DEATH	(152)
occt	county Pomerset	Registration Dist. No. 26/
E d	Village or City Marcon MA	No. St. Ward
= 0	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIAN; tement	01 19 00	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME CLARENCE / Selection	
	(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct // 1934
TLY TLY ied.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
RMANEN X A C T I classified	HUSBANO OF (or) WIFE OF	22. I HEREBY CERTIFY, That I ettended deceased from, 19, 19, 19, 19
	6. DATE OF BIRTH (month, day, end yeer) Oct 3 1934	I last sew h; deeth is sald
	7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated ebove, stm.
IS A stated proper ertific	9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
be be poly of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Icula Del of hear
=	SAWYER, BOOKKEEPER, etc.	Cold
VK—T should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	
E E TO	10. Oate deceased lest worked et this occupation (month and spent in this occupation coupetion coupetion this occupation this	
7 4 0	mi	Other Contributory Caneer of importence:
d. d. s, so	12. BIRTHPLACE (city or town) (State or country)	attoudance
WITH UNFA efully supplied in plain terms, ant. See instru	13. NAME Clarence / Sell	
sup sup in te	13. NAME CAPELLE OELL	Name of operation Oete of
IIIy olai	(State of Country)	What test confirmed diegnosis? Was there en eu!opsy?
Y, WITH carefully H in pla	15. MAIOEN NAME Scolet Granderson 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
INLY, be car EATH imports	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury, 19
INLY, be can EATH import	Of an accept the last	Where did injury occur? (Specify city or town, county and State)
E PLA should OF DI s very i	17. INFORMANT (Address) Marion MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E . E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	Place IVI Up aucortate 10/1/, 1954	Neture of injury
.—WRIT mation CAUS TION	19. UNDERTAKER NAS HALLOW MARION MARION	24. Wes diseese or injury in any wey releted to occupetion of deceased?
E E	20. FILEO 10/11, 1034 Jurelia 12, Lawson	(Signed) Jurelia 10, tacoesy of m. o.
0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

20. FILED OP12, 1934

of OCCUPA-

Exact statement

properly classified.

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH	31.
1. PLACE OF DEATH		(5,2)	
County Somerse		Registration Dist. No. 265	
Village or City Sees fix	daeth occurred vrs mo	NoSt.,St.,St.,St. St.,St. St.,St. St.,St. St.,St. St.,St. St.,St. St.,St. St. How long In U.S. if of foreign birth?yrsmos	- Ward
2. FULL NAME Long.	(D) 120	es	
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	è
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cect . 11	34
5a. If merried, widowad, or divorced	1	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dece	asad from
5. DATE OF BIRTH (month, day, and year)	may, 28, 1934	I last saw have alive on Oel 1/ 19 47 da	
. AGE Yaers Months	Deys If LESS than	to have occurred on the date steted above, at	
1 7 4	1 day,hrs.	were as follows:	te of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	U		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Baul Cary Dysulary ?	
work was done, es SILK MILL, SAW MILL, BANK, etc		J	
10. Date deceased lest worked at this occupetion (month and year)	11. Total tima (years) spent In this occupation		
2. BIRTHPLACE (city or town)	is field	Other Contributory Causes of Importance:	
(State or country)	I md	- Machinet with the same of th	
13. NAME Forda	Kades		
13. NAME Add 114. BIRTHPLACE (city or town)	igston	Name of operation Data of	
(State of country)	& sud	What tast confirmed diagnosis? A well was there an autop	sy?
15. MAIDEN NAME Mellie	yull.	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Hellie 16. BIRTHPLACE (city or town) (State or country)	anguer Va.	Accident, suicide, or homicide? Date of injury, Where did Injury occur?	. 19
17. INFORMANT Mellie A	will und	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Da.	Manner of injury	
Place Cuiffield Cer	d Date Let, 12 , 1934	Nature of Injury	
19. UNDERTAKER John a Z	radshamps.	24. Was disease or Injury In any way related to occupetion of decaased?	

Registrar.

Elealer

If so, spacify

(Signed)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. be properly classified.

AGE should be

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County Socialist	Registration Dist. No. 26D
Village or City Reuces Cerus	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Way a. Sloods	worth
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH WE 3/
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Gory A. Bloodsworth	22. CHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wee 25, 1856	I last saw h_ler alive on 0 31, 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _6 t (57_m.
77 (0) 6 1 day, hrs. or nain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPM PROCESSED	Chrome (Hay Melad);
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and specific property).	
O this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) maryland (State or country)	Other Cantributory Causes of importance:
13. NAME John Jones.	
E on 1	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Bestie a. Park	What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) O N O Company (Stata or country)	Whera did injury occur?
17. INFORMANT C. G. Blandsworth (Address) Privales and seed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Mr. Verron Date 1/12 1934	Natura of Injury
19. UNDERTAKER Dale. Dushiell	24. Was diseasa or Injury in any way related to occupation of deceased?
(Address)	If so, specify
20 EUED 11/2 1036 7. Klynestki	(Signed) M. D.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a de de la compansión d	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	refully supplied. AGE should be stated EXACTLY PHYSICIAN	in plain terms, so that it may be properly classified. Exact statement
	IT RECC	Y PH	Exace
MARGIN RESERVED FOR BINDING	ERMANEN	EXACTI	classified.
FOR E	IS A PI	stated I	properly
ED	HIS	be	he
SERV	NK-T	pluods	it may
RES	I 5N	AGE	that
Z	DI	_	So
LARG	UNFA	upplied	terms,
	TTH	Illy s	plain
	M	refu	ij

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnoys item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.____ds. How long in U.S. if of foreign birth?_____yrs._____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of (Och 1934 See instructions on back of certificate. 6. DATE OF BIRTH (month, day, and year), 7. AGE Years Months Days If LESS than to have occurred on the date stated above at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or____min. were as follows: Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaasad last worked at 11. Total time (years) spent in this this occupation (month end occupation ... 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (Stata or country) What test confirmed diagnosis?_ ----- Was thera an autopsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicida?_____ Data of Injury____ 16. BIRTHPLACE (city or town). should be ca WRITE PLAINLY CAUSE OF DEATH (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL CREMATION, OR REMOVAL is Manner of Injury mation LION Nature of injury 24. Was disease or injury in any way related to occupation of decaasad? 19. UNDERTAKER (Addrass) If so, spacify M Registrar. (Addrass) - may

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. OCCUPA-

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 10499
1. PLACE OF DEATH	(720)
County Somesset	Registration Dist. No. 208
Village or City Devel Island	No. Val. St., Ward
3/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlotte Bo	Zuan
(a) Residence: No. Deals Island	Ared Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Qel 23 , 193 44 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of Jacks Bos was	22. HEREBY CERTIFY, That I attended deceased from
5 DATE OF BIRTH (month day and year) WALL. The 1865	i last saw h 2 elive on 0 0 22 ,19,3 4; death is said
6. DATE OF BIRTH (month, day, and year) Well 18 63 7. AGE Years Months Oays If LESS than	to have occurred on tha date stated abova, at 12 2 Am.
69 —6 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this organization (month and spent in this spent in this	Enteritis 10-14-34
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Oata deceased last worked at this occupation (months of year) 11. Total time (years) spant in this occupation	
marin	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Referrish fores	
14. BIRTHPLACE (city or town) Novel	Name of operation Oate of
(cide of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME adeline 150 rear	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRAMATION, OR REMOVAL	Manner of Injury
Place Date Date T, 19	Nature of injury
19. UNDERTAKER 19. 4. aus 4 July 19. (Address) Will July 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Cleb 24, 1934 Royan Welster Registrar.	(Signed)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- CONSTRAIN S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

certificate.

See instructions on back of

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

N. B.

	ND-	CERTIFICATE OF DEATH 10500
1. PLACE OF DEATH		
County Download		Registration Dist. No. 268
Village or City DEALS ISLAAL A	(lf	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	Bri	ads. Allow long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (purite the control of the control		21. DATE OF DEATH OCT 2.7.1934 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and year) May 20 19	259	I last saw h 22, 19.3 4., to, 19.3 4.; death is sald
//	SS than hrs. -min.	to have occurred on the date stated above, at
I Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. School least	her	and Valendas Heart
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Estora
10. Date deceased last worked at this occupation (month and year))	
12. BIRTHPLACE (city or town) DEALS ISLAND MD (State or country)		Other Contributory Causes of Importance:
13. NAME Thomas Bradsha	w	
14. BIRTHPLACE (city or town) (State or country)		Name of operation
15. MAIDEN NAME Elizabeth Price!		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) DEALS ISLAND, MD	• • • • • • • • • •	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Man Bradehaus (Address) DEALS ISLAND		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Desil Deleu no Date Cost 29	., 19.3.4.	Manner of injury
19. UNDERTAKER Fred T. Webster (Address)		24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cat 29, 1934 Rora Webst	egistrar.	(Signed) CHANCE MD. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Mun 6 1884	July 5, 1927	Peritonitis	3 days ago
	RUREAU V. B.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Somerset	Registration Dist. No. 264
Village or City Mestroer	ND. St., Ward
(Ir	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. /Westover md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mane	21. DATE OF DEATH Of 16 (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Change Dashields	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12.30 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Harmon SAWYER, BDDKKEEPER, etc.	apollery 19/16-39
Kind of work done, as SPINNER, Harmond SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) Spant in this occupation.	Mo Physician in Attendance Only lived 5 or 6 hours
12. BIRTHPLACE (city or town). M. d. (State or country)	Diligi Continuo y Cause of Importance.
13. NAME TYWING DUSTINELAS	
13. NAME FRANK WASHELAS 14. BIRTHPLACE (city or town) 411	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 7ML (State or country) 17. INFORMANT Emma Dashields	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Wistower Date Oct 19, 1934	Manner of injury
19. UNDERTAKER LO. M. Wards (Address) Marison Hill 20. FILED OCK 17. 1913 4 J. E. Die Kinson	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 1. G. Duckmon Jocal Rago.
Registrar.	(Address)/Affect-Hecurmoning-Ma. ()

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORPORATE INSTATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u> </u>	Registration Dist. No. 2	1- (-
County South		No. 324 Bras	Registration Dist. No.	
Village or City Cuspell	0 /9 (If	death occurred in a hospital or institution	n, give its NAME instead of street and	d number)
Length of residence In city or town where death occurred	yrsmos.		orelgn birth?yrs	mos d
2. FULL NAME Stilliam	De	pro-		
(a) Residence: No. 324 (Usual place of	way ()	St., Ward.	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF DEATH	
M OR DIVORCED	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	(Month) (Oey)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			CERTIFY. That I attended	d deceased fro
6. DATE OF BIRTH (month, day, and year)	19 311.	I last saw h Jeleve alive on	19	death is sa
7. AGE Years Months Oays	If LESS than	to have occurred on the date stated a	1 1 3	
0 0	l day, hrs.	The PRINCIPAL CAUSE OF DEATH		
8. Trade, profession, or particular	ormin.	were as follows:		Oate of on:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Jus. Ret	710	
9. Industry or business In which	nc			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
	it in this			
year) occu	pation	Other Contributory Causes of importa	ance:	
12. BIRTHPLACE (city or town)				
(State or country)				
13. NAME Preston Hell 14. BIRTHPLACE (city or town) Ching June 1				
14. BIRTHPLACE (city or town) Change freed		Name of operation	Oate of	
(State of country)		What test confirmed diagnosis?	Was there a	n autopsy?
15. MAIOEN NAME Beaters Ce 16. BIRTHPLACE (city or town) City Trained (State or country)	We	23. If death was due to external couse	s (VIOLENCE) fill in also the follow	ing:
6 16. BIRTHPLACE (city or town)	Jangier	Accident, suicide, or homicide?	Date of injury	, 19
(State or country)	/a '	Where did injury occur?	(Specify city or town, county and S	(ata)
17. INFORMANT Beatle Value Degle (Address) Chief L. A. L. L. L.		Specify whether injury occurred in I	NOUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OF REMOVAL		Manner of injury		
PleceOate	, 19	Nature of injury		
10 HAOFDTAKED Troue		24. Was disease or Injury in any way	related to occupation of deceased?	
19. UNOERTAKER (Address)		If so, specify		
20. FILED RONS 1 , 1934 le 6 le al	lling Registrar.	(Signed) Sahah	m ley to	M

V. S. No. 1

B.-WRITE PLAINLY,

ż

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

Exact statement

properly classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. I indefinite terms as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ificate.	3. 5a. 6. 7.	2
INK—THIS IS	at it may be pro	TION is very important. See instructions on back of certificate.	WOTHER FATHER 119.	
UNFADING Supplied. AC	n terms, so th	see instruction	TATHER 12.	
oe carefully	ATH in plai	mportant. S	MOTHER	
ion should b	USE OF DE	N is very in	17.	
In at	CA	TIC	19.	

STATE OF MARYLAND	CERTIFICATE OF DEATH 19503
1. PLACE OF DEATH	162)
County Domense	Registration Dist. No. 265
Village or City Ousfield	No. 209 Marie St., Ward
Length of residence in city or town where deeth occurred 80 yrs. 3 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Chanthia 6, 4	urasessi
(a) Residence: No. Main & -	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX Y 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Imple Wite Practice (white the word)	Cobey (Dey) (Year)
5a. If married, widowed, pr-divorced HUSBAND of (or) WIFE of	22. ALHEREBY CERTIFY, That J ettended deceesed from
1854/1111 22	October 5, 1934 october 6, 1934
6. DATE OF BIRTH (month, dey, end yeg'r) 7. AGE Yeers Months Deys If LESS then	I last saw h elive on
80 3 /4 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or perticular	Date of onset
SAWYER, BOOKKEEPER, etc.	General Servele
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this pecuation (mostly sed 2) 11. Totel time (pers)	(70/5)/4/4/4
10. Date deceased lest worked at this occupation (month and 2 4 spent in this occupation compation compati	
12. BIRTHPLACE (eny or towns set County Mis	Other Coutributory Causes of impostence:
(Stet or country) Maryland	10 angliac
13. NAME TOURS. TOURS	astrina
14. BIRTHPLACE (city outown) (Stete or country)	Name of operation
I 15. MAIDEN NAME lisa Parker, Hoha	Whet test confirmed diegnosis? Wes there en eutopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
6. BIRTHPUTTO Scittage town - Vargania	Accident, suicide, or homicide?
211 48tate brobunty stated	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Shrible f. Gardenly (Address) Quis Light	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL On John Oct 8, 1934	Manner of injury
19. UNDERTAKER JOHN WBrodshow (Address) Crifuld and	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Och 7, 1934 lo Elealing	(Signed) / Collow M. D. (Address) / Collow M. D.
If more blanks are meeded address Coate Design	N. C. J. C. D. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	•
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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No.	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County Somewhat	Registration Dist. No. 270
Village or City WW Custa Od Md	No. Mc Cuach Mem. To have St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. How long in U.S. if of foreign birth?yrsmos,d
2. FULL NAME Infant Hartman	
(a) Residence: No. W. Salavar Md. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct 20 ,193 74 (Month) (Day) (Yest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct-20, 1934	I last saw h alive on, 19, 19, 19, 19, death is sa
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade profession or particular	Still form Date of onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Susfuld Md (State or country)	Other Contributory Causes of Importance:
I 13. NAME Clarence J. Hartman	
13. NAME Carence J. Hartman H 14. BIRTHPLACE (city or town) Varginia (State or country)	Name of operation Date of
15. MAIDEN NAME Mariam E. Raam	What test confirmed diagnosis?
15. MAIDEN NAME Mana E. Raam 16. BIRTHPLACE (city or town) Therefore (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mariam E. Reau (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Haumly rureging loste 1 of VO, 193	Manner of injury
19. UNDERTAKER Clarence H Hartman	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 10/10, 1934 Aurelia 13, Lawson Registrar.	Comment of the party of the second
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPPAU V. F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones		May 1,1923	Gastroenteritis	1 year
	ANDMICANA	A GE HOD HAD WA	OD COLUMNIA DV DIIVOICI	ANT
	ADDITIONAL SE	PACE FOR FURTH	ER STATEMENTS BY PHYSICI.	AN

BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	THI			59	
County Some	rset			Registration Dist. No. 2	70
Village or City	Hopew	rell	60 (16	NoSt.,	Ward
Length of residence in cit	y or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsyrs.	mosds.
2. FULL NAME	Arint	ha Gert	rude Hor	sey	
(a) Residence: No	Farm	(Usual place	of abode)	St., Ward. If nonresident give city or town ar	nd State
PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOI	OR RACE	5. SINGLE, MAR OR DIVORCE MATTIC	RIED, WIDOWED,	21. DATE OF DEATH	, 193 / (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of		ge B Hor	sey	22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day	and year)	Feb 8 1	274	I last saw le alive on Oct 3 1934	
7. AGE Years	Months 7	Days 27	If LESS then I day,hrs.	to have occurred on the date stated above, at 2.00 A.im. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or pa	•	21	ormin.	were as follows:	Oate of onset
kind of work done, SAWYER, BOOKKEE	S SPINNER.	Wife		C. V. L. C. C. C. C.	1931 1931
kind of work done, sawYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e 10. Date deceased last wor				repliente	1934
10. Date deceased last wor this occupation (mor year)	ked at the hith and 193	51 spei	ime (yeers) nt in this upation		
12. BIRTHPLACE (city or town). (State or country)		Crisfie	ldMd	Other Contributory Causes of importance: Carlhage There was a second with the care was a second with the care was a second with the care was a second was a second was a second was a second with the care was a second was a sec	1932
™ 13. NAME TE	saac T 1	Miles	al length to		
13. NAME IS 14. BIRTHPLACE (city or to (State or country)		Crisfie	la Ma	Name of operation Date of. What test confirmed diagnosis? Lucil Was there are	
IS. MAIOEN NAME	I	relia A	dams	23. If death wes due to external causes (VIOL ENCE) fill in also the following	
15. MAIOEN NAME 16. BIRTHPLACE (city or to (State or country)		Samo	rset Cp	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
I7. INFORMANT	eorge B Crisi		d R F D	(Specify city or town, county and St Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR R				Manner of injury	
Place Privat	e Cem	Date_Oc.t.	7 1984	Nature of injury	
19. UNDERTAKER	hn A B	radshaw risfiel	Ld Md	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify	
20. FILED Och: 6, 1	934 d	28 20	lling Registrar.	(Signed) S. Lu. Pey form (Address) Cris field Wid-	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(Q:a)		
County Storms	rset		Registration D	Dist. No. 9 65-
Village or City Dessylle	ed Med	No.		St.,Wa
Length of residence in city of town wh	ere desth pocurred 8 7 yrs. 6 n	(If death occurred in a horpital or institution osds. How long in U.S. if		
2. FULL NAME	· Almen	20		
(a) Residence: No July	pt, luckely	St. Ward.		
PERSONAL AND STATE	(Usual place of abode)	MEDICAL		give city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE	OF DEATH
Female negri	OR DIVORCED (write the word)	Za. DATE OF DEATH	(Month)	(Day) , 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	. 1 aminus.	22. OHEREB	V CEDILEY	1
(or) WIFE of	osepa former	"CONTERED	YCERTIFY	Theta attended deceased from
6. DATE OF BIRTS (month, day, and year)	und 17,1847	I last saw h alive on	air	, 19.2. 7.; death is s
7. AGE Years Months	Days If LESS than	to have occurred on the date state		5-1.
87 6	2-y 1 day,hr	The PRINCIPAL CAUSE OF DEA	TH and related cause	of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	21- 11-1	Mittel	usuffe	Ceny 1979
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	france worm			- /
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	House Keepin			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) (Color spent in this occupation occupation			
12. BIRTHPLACE (city or town)	Que Elle	Other Coutributory Causes of into	o tance:	600
(State or country)	many or only 19	Wester of t	Ley	10.36
13. NAME	Jones,	b	7	17.77
14. BIRTHPLACE (city or town)	Chres Cumo M	Name of operation		Date of
(State of country)	1,	What test confirmed diagnosis?		Was there an autopsy?
15. MAIDEN NAME	Musion	23. If death was due to external ca	uses (VIOL ENCE) fill	in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	D	ate of Injury, 19
	02114	Where did injury occur?	(Specify city or t	town, county and State)
17. INFORMANT (Address)	10 D	Specify whether injury occurred i	IN INDUSTRY, IN HON	AE, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	per in	Manner of injury		
Place Jawsonia Cen	V. Date Uct 4 , 193	Nature of injury		
19. UNDERTAKER John a	Bradshaw	24. Was disease or injury in any v	vay related to occupa	tion of deceased? 200
(Address) Criefiel	e md	If so, specify	10	,
20. FILED (20) 2 34	10 1- 10088	(Signed)	worker	1 - M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.-

	1	MARKE	IN RE	SERV	TEL.	FOR	BIL	MARGIN RESERVED FOR BINDING))	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFA	DING	INK-1	CHIS	IS A	PERA	MANEN	r RECORD.	Every	tem of	infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully s	supplied.	. AGE	Should	d be	stated	EX	ACTL	Y. PHYSI	CIANS	should	State
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	in plain	terms,	so tha	t it may	y be	proper	ly cl	assified.	Exact sta	tement	of OCC	UPA.
MINISTER STATE OF THE STATE OF	Se tue	to inches			4	3.7			/	/		

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10508
1. PLACE OF DEATH	- (n.c)
County Domurset	Registration Dist. No. 264
Village or City Fairmount	No. St Ward
Length of residence in city or town where deeth occurred 3 4 yrs. 7 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 2
2. FULL NAME Margaret lim Ketchu	m
(a) Residence: No. Faul (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH O A 2 3 , 193 4 (Month) (Dey) (Year)
HUSBAND of a C Netchum	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 29 1880	last saw h. E.V. elive on Co.A. 21 4 19 34; deeth is seld
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 9.30 Pm.
5-4 7 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewelp	Cerebral Henershape Outo of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oete deceased last worked at / 3 4 11. Totel time (years)	
10. Oete deceased last worked at 1934 11. Total time (years) spent in this yeer)	
12. BIRTHPLACE (city or town) Farmound (State or country)	Other Contributory Causes of importance:
13. NAME / homas J. Parlage	- Land
13. NAME formas la Carlos 14. BIRTHPLACE (city or town) farmount (Stete or country)	Name of operation
15. MAIDEN NAME Emily Price	What test confirmed diagnosis. Was there en autopsy?
15. MAIDEN NAME Emily Price 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
≤ (State or country) Va	Where did Injury occur?
17. INFORMANT a C Ketchessan (Address) Town of my	(Specify city or the country and State) Specify whether injury occurred in INDUSTRY, in HOME, or a PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Tarmont Cum Date Oct 25-1934	Menner of Injury
19. UNDERTAKER JOHN A Brodstan (Addiess)	Nature of injury 24. Wes disease or injury in any way releted to occupetion the decision of the latest and the
20. FILEO Oct 25 1934 J.E. Dickinson Registrar.	(Signed) ON Meally M. O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	- II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

EXACTLY.

AGE should be stated

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

N. B.-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	62	F	1	9	
	U	U	1	J	

1. PLACE OF DEATH	P-14-5	3	
County Summers		Registration Dist. No. 26/	
Village or City / Lugator	i mo	NoSt.,W	Vard
Langth of racidance in city or town where dead		death occurred in a hospital or institution, give its NAME instead of street and number)	
1/10:0/10	, yrs,inos	ds. How long in U.S. if of foreign birth?yrsmos	as.
2. FULL NAME Stullborn	Lewis		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
	OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 6, 193 4	
5a. If married, widowed, or divorced	High.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Det-6,1934.	22. I HEREBY CERTIFY, That I attended deceased	from
Cronsest b	13m. 110 -4	, 19, to, 19, 19	
6. DATE OF BIRTH (month, day, and year)	o mais coregin	I last saw h; death is	said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
O Trade profession as addition	ormin.	were as follows:	nset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		12-2	
9. Industry or business in which	7 4	March 3 man H	
work was done, as SILK MILL, SAW MILL, BANK, etc	INVI.	Con I I was the same of the sa	
	11. Total time (years) spent in this	and the state of t	
year)	occupation	Dther Contributory Causes of importance;	
12. BIRTHPLACE (city or town) / Lugats (State or country)	<u> </u>		
# 13. NAME Lake Lewis			
13. NAME Jahr Lewis 14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Gula Sylv 16. BIRTHPLACE (city or town) W. Y	ria	23. If death was due to external causes (VIDLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) 10 0	L	Accident, sulcide, or homicide? Date of Injury, 19	
∑ (State or country)		Where did injury occur?	
17. INFORMANT John Lewn (Address) Kungatur	o ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL	A .d1	Manner of injury	
Place tome purply to	bate 10/6 , 1934	Nature of injury	
19. UNDERTAKER Tokas dein	est	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Tung	slow ynd	If so, specify	
20. FILED 10/6 134 July	ea / facoson	(Signed Leavys Coullissess	м. D.
/	Registrar.	(Address) Manni mid	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Somersel	Registration Dist. No. 270
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. Grant Company Com	ds. How long In U.S. if of foreign blrth?yrsmos ds. S.P. J Rward. D # 2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write Was word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 ,1934, to Coul 17 ,1934
6. DATE OF BIRTH (month, day, and year) June 18, 1934	Hast sew h. et alive on Oct. 17 1934; death is sai
7. AGE Years Months V Days If LESS than 1 dey, hrs. or or min.	to have occurred on the dete slated above, et 10'. Of m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato decessed last worked at this occupation (month and count in this occupation (month and count in this occupation).	Backley deg serley oct 10
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
DD. Dato decessed last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (Reinford) (State er country)	Other Contributory Causes of Importance:
13. NAME Stanley to Roy heles	
H 13. NAME Stenley & Roy Welles 14. BIRTHPLACE (city or town) (State or counity)	Neme of oporetion Date of Whet test confirmed diagnosis? Cleane all West there an autopsy?
15. MAIDEN NAME Roberts Walers 16. BIRTHPLACE (city or town) Cristal Old R. 7. #	23. If deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT Rolling Waters Viele	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. RIMOVAL PIECE 1 A TRANSPORT Date DON 18, 1971,	Manner of injury
19. UNDERTAKER Colors Mark (Addrass)	24. Was disease er injury In any way related to occupetion of deceasad?
20, FILED Weh 19, 1934 for le cellinger Registrar.	(Signed) & M. Pay ton M. G. (Address) Cris Loca M. G.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. K.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

AGE should be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	U	per	4	1
1	1.0	-	-	- 1
3	U	U	A	.8.

1.	PLACE OF	DEAT	гн			<u>(22-a)</u>	
	County 50	mers	set			Registration Dist. No. 26	2
	Village or Cit	ty Poc	zomoke !	City	(lí	No. R.F.D. # 1. St., 'death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of resid	ence In cit	y or town where o	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2.	FULL NAM	NE.	leorge	Lacy Moo	re		
	(a) Residence	e: No				St., Ward.	
****	DEDCON			(Usual place of		If nonresident give city or town and St	ate
3. SEX			R OR RACE	5. SINGLE, MARE		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Ma.			hite		(write the word)	00403000 77.1	193_4 (Year)
1	married, widowe HUSBAND of (or) WIFE of		A.Moor	e		22. OC THEREBY CERTIES. That I attended do	seased from
			, and year) (a, r	ch 9th.1	849.	I last saw harmal alive on October 312,134;	death is said
7. AGI		s	Months	Days	If LESS than	to have occurred on the date stated above, at 5 - 3 O.P. m.	
1	85		7	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	B. Trade, profess kind of wo	sion, or pa ork done,	rticular as SPINNER, PER, etc	Farmer 1	retired	ARTERIO SCHEROSIS-	7
Ĕ -	9. Industry or h	usiness In	which	- CLINOR A		SENIFE DEMENTIA	T Ma at
d L	work was SAW MILL	done, as S BANK, e	ILK MILL,			CEREGRAD DEMORPHAGE	Mas
OCCUPATION	D. Date deceased this occupation year)	d last wor ation (mor	ked at		me (years) t in this pation	LTLEON A VIDE JOURNATION ASIL	
12. BI	RTHPLACE (city		ani nei		Julion .	Bler Contributory Causes of Importances 1 ANGRENE DLOES Dight	
	(State or count			yland.			3 W/45
ATHER	3. NAME	?	Moor	е		EXMAUSTION	
AT 1	4. BIRTHPLACE	(city or to	wn) Cris	field		Name of operation Date of	
u	(State or o	country)	Mar	yland		What test confirmed diagnosis? Was there an aut	opsy?
	5. MAIDEN NAM	1E		? La	wson	23. If death was due to external causes (VIOLENCE) fill in also the following:	
T I	6. BIRTHPLACE		wn)	Crisfie	ld,	Accident, suicide, or homicide? Date of injury	, 19
2	(State or	country)		Paryl	and.	Where did injury occur? (Specify city or town, county and State)	
17. IN	FORMANT I'r (Address)R.		#1.Poc	omoke Ci	tv.Nd.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLAC	E.
18. BJ	Place Par	ON, OR R			2nd.,19 34	Manner of injury	
19. UI	NDERTAKER	em	oul &	tever	son	24. Was disease or injury in any way related to occupation of deceased?	Vo
	(Address) O			,Maryla	nd.	If so, specify	
20. FI	LED NOV	12.,1	1934 Dan	mel Do	oll	(Signed) Consulto at Miles	M. D.
-					Registrar.	(Address) [DEOICON QUELLY, VICE	

N. B.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: ECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	12
1. PLACE OF DEATH	(131)	
County Somesel	Registration Dist. No. 2 63	-
Village or City Cres Leef M.	NoSt.,	Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred 7-yrsmos	ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Charles Codward	Yversoy.	
(a) Residence: No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR, OR RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White OR DIVORCED (write the word)	Oct, /8 1934	4
5a. If married, widowed, or divorced 0 of 6	(Month) (Day) (Ye	ear)
HUSBAND of Elizabeth Sauce Welson	1 HEREBY CERTIFY. That I attended decease	of from
6. DATE OF BIRTH (month, day, and year) Nov. 24 de 1849	I last saw h will alive on Oex . 18 19 34; death	is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 10 Pmg	
84 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular	laraco-vasecelar - O	olonset
kind of work done, as SPINNER, Cyslerucodus SAWYER, BOOKKEEPER, etc	rual disease	1/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Dollice of Co	Olign Contributory Causes of importance.	
(State or country)	R	
13. NAME Moza Velson	Couce	
13. NAME Word Nelson	Name of operation Date of	,
(State of country) we received the first	What test confirmed diagnosis? Was there an autopsy?	Lu
15. MAIDEN NAME Sallie Sterling 16. BIRTHPLACE (city or town) 16. State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19)
(State or country) Somewall to, Ind	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MISO, Clargabeth Wood	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL CREMATION OR REMOVAL 18. BURIAL CREMATION OR REMOVAL		
Place service Clemete as Date Oct, 21 1934	Nature of injury.	
1 2 2 2		
19. UNDERTAKEN (Address) Creat'- On And	24. Was disease or injury in any way related to occupation of deceased?	
The state of the s	(Signed) Chas 1 Achivalla	-M D
20. FILED Och 20, 1934 le Clevelina	(Address) Dr. Adia e D.	in. U.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	10	1	1	0	2
1	U	5	A	1	1

1. PLACE OF DEATH	(45)
County Formerset	Registration Dist. No. 263
Village or City Het Version	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Ceruse Levis	Vinkett
(a) Residence: No. Proceeding (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Chas. B. Reicheld	1 HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Charl 1 41879	I lest sew h & V elive on CC 1, 134; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, etm.
55 6 /3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Celcenson 9 Jaw 12/N/2,
	7
9. Industry or business in which work wes done, as SILK MILL, our kessure	_
10. Dete deceased lest worked et this occupetion (month end Dec. 1733 spant in this occupetion was competible left	
12. BIRTHPLACE (city or town) Semuset (State or country) Medicals	Other Contributory Causes of importance:
13. NAME Soften. Innes	
13. NAME 14. BIRTHPLACE (city or town) State or country)	Neme of operation Resolution & V- Largoete of
(State of Country)	Whet test confirmed diegnosis? Letter wes there en eulopsy?
15. MAIDEN NAME Musia. Chelersen	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CLUF Frankley	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Menner of Injury
Plece At Very on Date Al 1,50,1934	Neture of Injury
19. UNOERTAKER SOLL ASSESSED TO THE SOLUTION OF THE SOLUTION O	24. Wes diseese or Injury In any wey releted to occupation of deceesed?
20. FILED 71/5, 1954 Dunky Of the Registrar.	(Signed) (Signed) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			A TOTAL

V. S. No. 1

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(X)	m of	plnod	000	
	y ite	SS	it of	
	Ever	CIA	temer	
	ORD.	HXSI	sta	
	REC	. P	Exac	
5	ENT	TLY	ed.	
TDIV	MAN	VC	assifi	
BIN	PER	EX	ly cl	ate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
ED	HIS	be	be	of c
GRV	X-T	plnor	may	back
ESI	INI X	GE SI	nat it	no si
N.	DING	. A(so th	etion
RGI	NFA	plied	rms,	instru
MA	U H	dns A	ain te	See
	WIT	efully	in pl	ant.
	VLY,	e car	ATH	port
	LAI	uld b	DE	ery in
	TE P	sho	E OI	is ve
н	WRI	nation	AUS	LION
)	

CORPORATE STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F2)
county Somerset.	Registration Dist. No. 26.5
Village or City Cristian Ald.	No.
	Mord St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sds. How long In U.S. if of foreign blrth?yrsmosds
2. FULL NAME Abraca Meggin	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While Married (write the word)	Jel, 24 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Margaret Jane Miggin	22. LHEREBY CERTIEY, That attended deceased from
of De Production	Deft 50, 1934, 10 Cot 2 4, 1934
6. DATE OF BIRTH (month, dey, and year) Tel 8th 1862	I last saw h seem elive on Call 4, 1974; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, et 2
72 8 /6 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
Trade, profession, or perticuler	Sar Coma of left Data of onest
sawyer, BOOKKEEPER, etc. Hormer Lea Ford	Lore and lettering
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Primary in ulmar Come Cure
kind of work done, es SPINNER. Horner Lea Ford SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	
this occupetion (month and spent in this occupetion	metastases in bone, muscles, and
10 '10 occupendi	Other Contributory Causes of importance: soft tissues
12. BIRTHPLACE (city or town). Wyella.	
(Stete or country)	
13. NAME Thornas ofaggin	
13. NAME Thornas Piggin	Neme of operation Date of Date of
(State or country)	What test confirmed diegnosis all the way was the an autopsy?
15. MAIDEN NAME Lausa Sterling,	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lacesa Sterling, 16. BIRTHPLACE (city or town) Lances Coff	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mrs. A. B. Stigging	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Curling Mol	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 149am Cemellery Date Well 26, 1934	Neture of injury
IN HADDONAVED & DESTAN	24. Was diseese or injury in eny way releted to occupation of deceesed?
19. UNDERTAKER (Address)	If so, specify
D. D. 16 16 10 6 Co. 20'	(Signed) M.D.
20. FILED (19 9) Registrar.	(Address) Carlo College
/ / Regular.	(Modros)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Incesset	Registration Dist. No.
Village or City Mt Jessen	NoSt.,Ward
Length of residence in city or town whose death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
0 1 . 11 1 1	
2. FULL NAME That H. Shore	Deset #2
(a) Residence: No. ff (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JI HEREBY CERTIFY, Than I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 1,863	I last saw harmalive on Och Q 69, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ofmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Carcine 10
SAWYER, BOOKKEEPER, etc.	of the of Europe will
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in bispo	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Mary	Other Countries of Importances
(State or country)	
13. NAME Oblin Spling 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
S (State or country)	Where did injury occur? (Specify city of town, county and State)
17. INFORMANT Sarah I pluce	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Fruiells Common 18. BURIAL, CREMATION, OR REMOVAL	
Place Mt. Clary and Date Cot. 2-9, 1934	Manner of injury
6	Nature of injury
19. UNDERTAKER COLUMNATION OF THE TENTON OF	24. Wes disease or injury in any wey related to occupation of deceased?
mt 29 21 St AV OTHA	(Signed) The B. Mueloan.
20. FILED 27, 1957, Registrar.	(Address) Proches Qui Qui es
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10516
County Someret	3
7	Registration Dist. No. 2 10
Village or City Advisorer 2nd	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME & Agdora Sterling	
(a) Residence: No. Lawronn Jud !!	St., Ward.
(Usual place of abode) " (Usual place of abode	If nonresident give city or town and State
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Foundle negly OR DIVDRCED (write the word)	Det 18 1934
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. PI HEREBY CERTIFY, Thet I ettended deceased from
B. A. 010/10/	- 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, end year)	I lest saw h; daath is said
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trede, profession, or perticular	were as follows: A D Date of one et
kind of work done, as SPINNER, Nathania	moderneedy Alteren
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date decaesed last worked et this pecunition (month) and	narrow pelvis
work wes done, as SILK MILL, SAW MILL, BANK, etc	or, t
1D. Date decaesed last worked et this occupation (month and year) occupation conditions occupation.	Tlat
9	Other Cantributary Canses of Importance:
f2. BfRTHPLACE (city or town) Allus Johnson (State or country)	
13. NAME Philles Sterling	
14. BIRTHPLACE (city or town) Farman Turk	Name of operation Myssemulas Data of 10/18/18
The state of the s	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Washingthe Touch	23. If daeth was due to axternal causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - James or constitution of the second of t	Accident, suicida, or homicide? Date of injury, 19
(Steta or country)	Whera did Injury occur?
17. INFORMANT Tulling Stuling	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) f8. BURIAL, CREMATION, OR REMOVAL	
Placa Farrage Date 10/18 1937	Menner of injury
	Neture of injury.
19. UNDERTAKER (Address)	24. Was disaase or injury in any way raleted to occupetion of deceased?
0.450	(Signed) // 30 30 Mens , M.D.
20. FILED. WAN 1934 Le To Collins.	(Address) marielal Bado
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

N. B.

1. PLACE OF DEATH	JF MARYLAND	CERTIFICATE OF DEATH
County Somes	set	Registration Dist. No. 17 0
Village or City	arion (1	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME /// DM/	owe Show	uas fr.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of		, , , , , , , , , , , , , , , , , , ,
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ug. 6, 1934	i last saw h was alive on Oct // 1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at £20 _1_m.
2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,		Mal Neutrilian Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Mal Muhilion
work was dona, as SILK MILL, SAW MILL, BANK, etc		7 . 00 + 1000 0 . 0
tins occupation (month and	11. Total time (years) spent in this	tranging a Infant was left alone in house,
yaar)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	von	
1 2 2	ve Thomas	Expressive to cold.
14. BIRTHPLACE (city or town)	asin	Name of operation Date of
(State of country)	ma	What test confirmed diagnosis?
15. MAIDEN NAME Buelo	Ih young	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Bue Co	ariph 1	Accident, suicide, or homicide?
(State or country)	of ma	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AMMINUS (Addrass)	unuas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	6.2	Manner of injury
Place testy (2 M	Date 12 , 1934	Nature of injury
19. UNDERTAKER John a All All All All All All All All All A	Pradshaw Ja	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED. O. 12, 1934 A	a & lealeins Registrar.	(Signed) C.C. Nan M. D (Address) Carfuld

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

		no.	4	6.	
9.	16.1	10	1	8	
1	V	U	A	1	

^	F MARYLAND—	CERTIFICATE OF DEATH 10518
1. PLACE OF DEATH County Sombrain		(B) Registration Dist. No. 265
Village or City Cruskie	1	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where da	nath occurred 24 yrs. mos	sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME / Han	eh lowsin	d
(a) Residence: No.	(Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Of
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of	ne	(Month) (Day) (Yeer) 22. I HEREBY CERTIFY, That i attended dacased from
	1908	Oct 14 1934, to 60/15 193
6. DATE OF BIRTH (month, day, and year)		2
7. AGE Years Months	Days If LESS than 1 day,hrs.	were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Houseun la	Date of one
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	***************************************	Dest Dague 83 m
10. Date daceasad lest worked at this occupation (month end year)	11. Total tima (yaars) spent in this occupation	Burns, secidental, from alathing cotching
12. BIRTHPLACE (city or town) Crist	rild	Other Contributory Causes of importance:
(Stata or country)	Towners	Shock
13. NAME COUNTY 14. BIRTHPLACE (city or town))	Name of operation
(State of Country)	in let	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ELLA 16. BIRTHPLACE (city or town) Prace (State or country)	unlses	23. If daath was due to axternal causes (ViOL ENCE) fill in also the following: Accidant, suicide, or homicide?
(State or country)	any	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Was Ori	still and	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAK) Place II arymin em	Date Oct 18, 1934	Manner of injury
19. UNDERTAKER SOMM AL BLO (Addrass)	dolun	24. Wes diseasa or injury In any wey related to occupation of dacaased?
20. FILED OG 1 18, 1934 6	Elgalling	(Signed) (Address) (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	DERTIFICATE OF DEATH
1. PLACE OF DEATH	3 7/1
County Somemel	Registration Dist. No. of 64
Village or City Westover	NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Wallers	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sex OR DIVORCED (write the word)	21. DATE OF DEATH Oct 22 , 1934 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Oct 22 - 1934 7. AGE Months Oays If LESS than 1 day, hrs. ormin.	I last saw h alive on the dete stated above, at figure of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and spant in this spant in this	Premature Birth (5 Months)
12. BIRTHPLACE (city or town) Westover Md (Stete or country)	Other Contributory Canses of Importance:
13, NAME John Wesley Waters	
13. NAME Wesley Walers 14. BIRTHPLACE (city or town) Westerver (State or country)	Name of operation Oate of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIOEN NAME Mary Stevenson (Name of the property of the pr	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Oat 33, 1934	Manner of injury
19. UNDERTAKER John Wester Waters active (Address) Weslover may	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct-23, 1934 H. E. Diekinson Registrar.	(Signed) J. S. Mickenson does Reg. (Address) Mahler Fairmount Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
Gausiones	May 1,1923	<i>Classiferius</i>	1 gear	

V. S. No. 1

ENT	TLY.	fied. 1	
RMAN	XAC	classif	
A PE	ated E	operly	TION is very important. See instructions on back of certificate.
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	oluoi	ma	bac
Z	E s	t it	on
DNG	AG	tha	ions
ADI	·pa	S, S0	ruct
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1 H	ns A	ain t	See
WIT	full	ld u	nt.
,Y,	care	FH i	orta
INI	pe	EAT	imp
PLA	pluo	F D	ery
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VRI	ation	AUS	NO
		-4	
1	E	C	H
	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY.	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E

xact statement of OCCUPA-

A. PLACE OF DEATH	
County Stralist	Registration Dist. No. 268
Village or City WENDNA AND	No. St. Ward
(li	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Madeline & boo	It IV hite
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
The Divorce (white the wold)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,
(or) WiFE of	22. HEREBY CERTIFY, That I attended deceased from
1 1 0 / 24	to attinglamicly 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months bays If LESS then	I last saw h Called of Affice a last said
7. AGE Years Months bays If LESS then 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	trompustory, tever,
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Wianoppa, Champs.
work was done, es SILK MILL, SAW MILL, BANK, etc.	propa fly alio Walis
10. Date deceased last worked at 11. Total time (yeers)	
O this occupation (month and spent in this occupation coupation	J
SEEMORIA ERI	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME + 1. ORILA A POPULA	
E CONCE A DAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LA VIIII	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LOCA COMMINICATION OF THE STREET OF THE STRE	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Whoma mil Date GUT 2 , 1974	Nature of injury
19. UNDERTAKER Fred T. Wilsten	24. Was disease or injury in any way related to occupation of deceased?
(Address) DEX IS A MIT	If so, specify
20, FILED Cest 2 1934 Rosa Welster	(Signed) (Signed) (Signed) M. D
Registrar.	(Address) OHANCE ASS
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	2	
DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
FOR	IS A P	stated
TT ANT	VK-THIS	should be
MARGIN RESERVED FOR BINDING	VFADING II	olied. AGE
MA	, WITH U	refully supp
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•	-WRITE	mation s

N. B.-WRITE PLAINLY,

V. S. No. 1

be properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

	CERTIFICATE OF DEATH 10531
1. PLACE OF DEATH	<u> </u>
County Dongraf	Registration Dist. No. 2.70
Village or City Fauronica Ing	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0, // // // // //	ds. How fong in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Seralene Welliams	2
(a) Residence: No. Authority (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Favale neer a OR DIVORCED (write the word)	Oct. 4 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
Oct. 21.1934	1-200 den f, 19, to
6. DATE OF BIKIN (Month, day, and year)	I last saw h; death is sald
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Not and SAWYER, BOOKKEEPER, etc.	Therefore the state of the stat
9. Industry or business in which	The course of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassed last worked at	- Amoust
10. Date decaased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lawrone Und	
(Stata or country)	
13. NAME Zawen Sterley	
14. BIRTHPLACE (city or town) Alle torus ful	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saruly Williams	23. if daath was due to axtarnai causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Saussons Many	Accident, suicida, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Out Williams (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Internal
Place Esbury Date 10/2/ 193 4	Mannar of injury
Grand - Uselli	
19. UNDERTAKER (Addiass)	24. Was diseasa or injury in any way related to occupation of decaased?
	(Signed) M. D. W. L. M. D. M. D.
20. FILED Can 20, 1934 Gollallus	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 105.22
1. PLACE OF DEATH	940
county Somerset Co.	Registration Dist. No.
Village or City Oriole Ind.	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME les illiam 3. les	millim
(a) Residence: No. Oriole, md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. , 193 4 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HERYBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 28,1867	inst saw h Less alive on Oct 1 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Ait at Charles
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ligdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and	OFFICE STATE CONTRACTOR
work was done, as SILK MILL, SAW MILL, BANK, etc.	Augua Tectons
10. Date deceased last worked et this occupation (month end 19 30 spent in this occupation coupation occupation)	
02.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Articulas Chemotres.
13. NAME & Race of Williams	Special Control of the Control of th
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Oroce	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Decree d. Homsby	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The Date of 4. 19 34	Manner of injury
19. UNDERTAKER M. L. Watson & Sonis	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Det 4 , 1934 MITE & Bonutt	(Signed) Huy Thuby. M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address) 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

- 10.—The month and year the deceased last worked at the occupation.

The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other and the second se				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) RECORD. Every Length of residence in city or town where death occurred. How long in U.S. il ol loreign birth?_____yrs.____mos.__ statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIEO, WIOOWEO. 21. DATE OF DEATH DIVORCED (write tha word) PERMANENT 1934 (Month) (Yaar) (Oav) 5a, If marriad, widowed, or divorced HUSBAND of That I attended decaased from (or) WIFE ol V 6 certificate. 6. OATE OF BIRTH (month, day, and year) properly Davs II LESS than to have occurred on the date stated above, et. 1 day....hrs. The PRINCIPAL CAUSE OF OEATH and raleted causas of Importance or min. Date of onset 8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION pinous may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc ... on 10. Date decaasad last worked at 11. Total tima (yaars) this occupation (month and that occupation . instructions 12. BIRTHPLACE (city or town) (Stata or country) terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation..... plain (Stete or country) What tast confirmed diagnosis? MOTHER important, 15. MAIOEN NAME 23. Il death was due to external ceuses (VIOL ENCE) fill in also the following: WRITE PLAINLY, OF DEATH Accident, suicida, or homicida?____ 16. BIRTHPLACE (city or town) (State or country) Whara did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT very (Address) 18. BURIAL, CREMATION OR REMOVA Menner of injury S CAUSE nation Neture of Injury 24. Was disaasa or injury in any way releted to occupation of deceesad? 19. UNDERTAKER (Address) If so, specily Registrar. . (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A	١	-	A	E	4	ĺ.	ĺ	ĺ	J	į.	,	,	,	,	7	,	,	7	,	,	,	3	3	3	3	7	,	3	3	3	3	3	3	3	,	,	3	3	3	3	3	3	3	3	3	3	J		((1	ľ]	5	5	3	-	7	Ÿ	1	ĺ	d	J)	ľ	1			ľ	1	1	3	P	1	,	3	1	I		V	1		3	ŀ]	1	V	N		E]	ľ	1	L	A	1	1	I	1)	S	5			R	I	Ò	D	ŀ		I	F	1]	Г	1		3	R	J	J	J	Į	1	9	7	1	F	ŀ]				2	Ì	1)			(1	1	1	F	ŀ]
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